

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	10/1/01
FORMALITY REVIEW	A.T	1071	10/19/01
RESPONSE FORMALITY REVIEW	MD	455	03-01-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/1/01
2	✓	✓	10/1/01
3	✓	✓	10/1/01
4	✓	✓	10/1/01
5	✓	✓	10/1/01
6	✓	✓	10/1/01
7	✓	✓	10/1/01
8	✓	✓	10/1/01
9	✓	✓	10/1/01
10	✓	✓	10/1/01
11	✓	✓	10/1/01
12	✓	✓	10/1/01
13	✓	✓	10/1/01
14	✓	✓	10/1/01
15	✓	✓	10/1/01
16	✓	✓	10/1/01
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18	✓	✓	10/1/01
19	✓	✓	10/1/01
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23	✓	✓	10/1/01
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26	✓	✓	10/1/01
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28	✓	✓	10/1/01
29	✓	✓	10/1/01
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32	✓	✓	10/1/01
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Claim	Final	Original	Date
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